

2016 Premium Rate Sheet for
HSA (Consumer Driven Health Plan)
All Active Employees

2016 Premium Rate Sheet for HSA (Consumer Directed Health Plan)						
Plan	Class of Coverage	2016 Total Premium	Amount Paid By County	Employee Monthly Premium	Employee Bi-Monthly Deduction	Monthly Rate w/ Vision
UHC	Employee Only	\$645.14	\$ 599.98	\$ 45.16	\$ 22.58	
	Employee & One Dependent	\$1,183.44	\$1,005.92	\$ 177.52	\$ 88.76	
	Employee & Two or More Dependents	\$1,595.13	\$1,355.86	\$ 239.27	\$ 119.63	
Delta	Employee Only	\$25.30	\$ 21.51	\$ 3.79	\$ 1.90	
Dental	Employee & One Dependent	\$65.42	\$ 52.34	\$ 13.08	\$ 6.54	
	Employee & Two or More Dependents	\$65.42	\$ 52.34	\$ 13.08	\$ 6.54	
Total Medical and Dental Premiums						
	Employee Only			\$ 48.95	\$ 24.47	\$ 54.26
	Employee & One Dependent			\$ 190.60	\$ 95.30	\$ 199.19
	Employee & Two or More Dependents			\$ 252.35	\$ 126.17	\$ 265.58